Under the Paperwork Rec	luction Act of 1995	, no person are req	quired to re:		and Traden	oved for use through nark Office; U.S. DE tion unless it display	01/31/2007. OF	COMMERCE
Effect	ive on 12/08/2004				Con	nplete if Knov	vn	
Fees pursuant to the Consolid			4818).	Application Num	ber	10/541,148-C	onf. #4531	
FEE TR	ANSM	ITTAL		Filing Date		June 30, 2005	5	
				First Named Inv	entor	Ricardo PERI	Z OCA	
F0I	FY 200	<u> </u>		Examiner Name		D. H. Pedder		
Applicant claims sm		Art Unit		3612				
TOTAL AMOUNT OF PA		Attorney Docket	IS1					
METHOD OF PAYME	NT (check all t	hat apply)						
For the above-ide Charge fee(x Charge any fee(s) unde	posit Account Numb ntified deposit a s) indicated bel additional fee(s r 37 CFR 1.16	low s) or underpaym and 1.17	ector is h	ant Name:	d to: (che e fee(s) in	ewart, Kolasch ck all that apply dicated below, e)	
1. BASIC FILING, SEARC	FILIN	MINATION FEE G FEES Small Entity Fee (\$)		RCH FEES Small Entity Fee (\$)	EXAMII	NATION FEES Small Entity Fee (\$)	S <u>Fees Pa</u>	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							<u>s</u>	mall Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (inclu	•						50	25
Each independent claim of	-	ig Reissues)					200	100
Multiple dependent claim	S						360	180
Total Claims Extr	0 x 5	60.00 =	Fee Pa		_	lultiple Depend ee (\$)	lent Claims Fee Paid (\$)	
•	a Claims F	Fee (\$) 00.00 =	Fee Pa					-

HP = highest numb	er of total claims paid	or,	f greater tha	n	20.						
Indep. Claims	Extra Claims		Fee (\$)			Fee Paid (\$)					
1	3= 0	x	200.00	:	-	0.00	_				
HP = highest numb	er of independent clair	ns p	aid for, if gre	eat	ter t	han 3.	_				
3. APPLICATION	N SIZE FEE										
•						s of paper (excluding size fee due is \$250 (\$		•	•	•	

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets		Number of each additional 50 or fraction thereof	Fee (\$)		ree Paid (\$)
- 100	=	/50	(round up to a whole number) x		= _	
4. OTHER FEE(S)						Fees Paid (\$)
Non-English Specia	fication, \$130 f	ee (no	small entity discount)			
Other (e.g., late fili		120.00				

SUBMITTED BY	α	11	Fey #				
Signature	Lenny	Caudle	46,607	Registration No. (Attorney/Agent)	29,271	Telephone	(703) 205-8000
Name (Print/Type)						Date	February 12, 2007

CG/PLC/vd